DECLARATION AND POWER OF ATTORNEY

As a below named invento	or, I declare that:		
My residence, post office a	ddress and citizenship are as stated below next	to my name; I believe I am the original, first and so	
one name is listed below)	or an original, first and joint inventor (if plural i	nventors are named below) of the subject matter w	hich is claimed and
for which a patent is sough	nt on the invention entitled:		
	SHIFT ASSIST APPARATUS FOR A BIC	YCLE TRANSMISSION	
the specification of which	XX is attached hereto or was filed on	as Application Serial No.	and was
amended on	(if applicable).		
		ication, including the claims, as amended by any am	
above. I acknowledge the	duty to disclose information which is material to	o the examination of this application in accordance	with Title 37, Code
of Federal Regulations, S	Section 1.56. I claim foreign priority benefit	ts under Title 35, United States Code, Section 1	19 of any foreign
applications(s) for patent	or inventor's certificate listed below and have	also identified below any foreign application for I	patent or inventor's

Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
	***	and the state of t	Yes No
			Yes No

certificate having a filing date before that of the application on which priority is claimed.

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Date of Filing	Status
		Patented Pending Abandoned
		Patented Pending Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

James A. Deland, Reg. No. 31,242

Send Correspondence to:

Direct Telephone Calls to:
(Name, Reg. No., telephone no.)

DELAND LAW OFFICE
P.O. Box 69
Reg. No. 31,242
Klamath River, CA 96050-0069

Direct Telephone Calls to:
(Name, Reg. No., telephone no.)

Name: James A. Deland
Reg. No. 31,242
(530) 465-2430

(Page 1 of 2)

29863

PATENT TRADEMARK OFFICE

Full Name of Inventor 1	Last Name	First Name	Middle Name or Initial	
	ICHIDA	TADASHI		
Residence & Citizenship	City	State/Foreign Country	Country of Citizenship	
	Ikoma-city	Nara/Japan	Japan	
Post Office Address	Post Office Address	City	State/Country Zip Code	
	215-53, Tawaraguchi-cho	Ikoma-city	Nara/Japan	
Full Name of Inventor 2	Last Name	First Name	Middle Name or Initial	
	FUJII	KAZUHIRO		
Residence & Citizenship	City	State/Foreign Country	Country of Citizenship	
	Kawachinagano-city	Osaka/Japan	Japan	
Post Office Address	Post Office Address	City	State/Country Zip Code	
	6-22-4, Mikanodai	Kawachinagano-city	Osaka/Japan	
Full Name of Inventor 3	Last Name	First Name	Middle Name or Initial	
Residence & Citizenship	City	State/Foreign Country	Country of Citizenship	
Post Office Address	Post Office Address	City	State/Country Zip Code	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
TADASHI ICHIDA	KAZUHIRO FUJII	••
Date	Date	Date